

# Milwaukee County Veterans Treatment Court



Army



Marine Corps



Navy



Air Force



Space Force



Coast Guard



National Guard

## *Participant Handbook*



*Revised: March 2022*



***Welcome to the Milwaukee County Veterans Treatment Court (VTC). This handbook is designed to answer your questions and will provide you with a description of what is expected of you as a VTC participant. Participants are highly encouraged to share this handbook with family and friends.***

### **Table of Contents**

- Introduction .... 3
- VTC Goals .... 4
- VTC Team Members .... 4
- Court Proceedings.... 4
- Program Rules and Requirements .... 5
- Incentives and Achievements .... 6
- Violations and Responses .... 6
  - Drug Testing .... 6-8
  - Medications .... 8
  - Veteran Mentors .... 9
- Criteria for Success .... 9
- Veterans Rights .... 10
- Confidentiality .... 10
- GRADUATION .... 11
- Appendix A- Grievance Form .... 12-13
- Appendix B- Physician Disclosure Policy .... 14
- Appendix C- Community Service Log .... 15
- Appendix D- Meetings Verification Form .... 16
- Appendix E- Travel Request Form .... 17
- Appendix F- Acknowledgement Form.... 18



### **3 SIMPLE RULES TO ENSURE SUCCESS:**

- 1. Be Honest**
- 2. Be Motivated**
- 3. Show Up**

## **★ Introduction ★**

The mission of the Milwaukee County Veterans Treatment Court is to successfully habilitate Veterans in recognition of their service to our country and the challenges it may present to them and their families by diverting them from the traditional criminal justice system and using evidence based practices to provide them with the tools and resources they will need to lead a productive and law-abiding life. The length of the program is dependent on the type of court contract you reviewed and signed with your attorney AND your progress as you move through the program. The Judge and VTC Team reserve the right to set specific individual goals that should be accomplished before the next court appearance.

Veteran participants are assessed before admission and placed in one of four tracks based on risk and need. Depending on your track, you will be required to complete a sequence of phases before graduating. If the VTC Team identifies behavioral reasons that increases your risk level, the team may move you to the corresponding phase structure that best fits your needs. In addition to this handbook, you will receive a copy of your individual phase structure/program requirements.

As part of the admission process, you were assessed for mental health, substance abuse, medical, housing, transportation, employment, family situation and general living needs. The VTC Team will refer you to resources to address these issues. If things change, make sure the team is informed so we can continue to make changes to your plan. We want to help you address all issues that may interfere with living your best life!

## ★ VETERANS TREATMENT COURT GOALS ★

- Reinvigorate the core values of the military into the participants' daily routine.
- Reduce participants' criminal recidivism and other court contacts.
- Facilitate participants' sobriety, abstinence and improved behavioral health.
- Increase participants' compliance with treatment and other court ordered conditions.
- Assure available VA benefits and services are accessed by participants.
- Integrate community based treatment options and services for participant as appropriate.
- Improve participants' family relationships and social support connections.
- Improve participants' economic stability.

## ★ VETERAN TREATMENT COURT TEAM MEMBERS ★



- Milwaukee County Circuit Court Judge
- Milwaukee County District Attorney's office
- State of WI Public Defender's office
- The Center for Veteran's Issues
- Milwaukee County Behavioral Health Division
- Department of Veterans Affairs
- VTC Coordinator
- Milwaukee Police Department
- State of WI Department of Corrections
- Peer Mentor Coordinator
- Peer Mentors
- Private/Retained Counsel for your case (if applicable)
- Recovery Support Coordinator (RSC)

## ★ COURT PROCEEDINGS ★

As a VTC participant, you are required to appear before the VTC Judge for hearings on a regular basis. The frequency of your appearances will depend on your overall needs, risk level and progress in the program. All participants will be required to have the assistance of legal counsel.

All participants must be in the Milwaukee County Circuit Court Branch 21 courtroom Wednesdays at 9:30 a.m. on your scheduled court date, unless otherwise excused by the VTC Judge.

During each hearing, the VTC Judge will discuss the case with each participant. Be prepared to talk about what has happened since you last saw the VTC Judge.

## ★ FAILURE TO APPEAR ★

Failure to appear in court on the date and time you are scheduled may result in a warrant being issued for your arrest. If you cannot appear in Court on your scheduled review date or you have an emergency, please contact your attorney **as soon as possible** to discuss your situation. If you have any question regarding your court appearances, you may also contact Jake Patten at 414-278-2061. Please leave a detailed message if you receive his voicemail.

## ★ Virtual Courtroom Etiquette ★

*To reward Veteran participants whom are in compliance and actively progressing in the program, the VTC Judge may offer the Veteran the option to appear virtually for their scheduled court reviews. You will receive information on how to appear at your hearing virtually. The same courtroom rules and etiquette apply as if you were appearing in person.*

- 1. Dress Appropriately for Court.** Dress appropriately as though you were physically in the courtroom. Business attire is always appropriate for court.
- 2. Be Prepared and Be Patient.** When your case is ready to be heard, you will be admitted into the videoconference court room.
- 3. Eliminate Distractions.** Remain focused and do not multi-task during your hearing. Please try and locate a quiet area and minimize interruptions by others. No driving during your virtual hearing.
- 4. Do NOT Speak out of Turn or Interfere in Court Proceedings.** Just like an in-person court setting, the Judge will indicate when its your turn to be heard.
- 5. Be Courteous and Respectful.** Use good manners; ensure that your physical and facial expressions are appropriate and uphold the dignity of a court setting. Ensure your language upholds the dignity of a court setting. No profanity.

## ★ PROGRAM RULES AND REQUIREMENTS ★

Participants are required to abide by the rules outlined in the participant contract that you reviewed and signed with your attorney, including, but not limited to, the following:

- Maintain absolute sobriety, may not use or possess any drugs, alcohol or controlled substances without a valid prescription. Any use of drugs or alcohol needs to be self-reported to your primary case monitor. A continued period of sobriety is required to graduate from VTC.
- Participants must provide all prescriptions for all prescribed medications to their respective case monitor within 72 hours after being prescribed them.
- Have all medical providers sign a physician disclosure form, letting them know you are being supervised in a treatment court setting (appendix).
- Promptly attend all court, supervision, and treatment sessions as scheduled.
- Submit to random alcohol and drug testing as requested. Failure to provide a monitored urine sample will be considered a positive test.
- Do not engage in illegal activity which could result in your arrest and new charges.
- Any police contact must be reported.
- Do not possess any firearms, store firearms in the residence or apply for a CCW permit while actively participating in VTC (questions regarding firearms must be addressed in court).
- Any changes in address, phone number (change or disconnected) or living arrangements; including roommates; must be reported.
- Place of residence is subject to VTC Team approval.
- Comply with individual treatment plan as established by your monitoring agency.
- If applicable, complete all required community service work and obtain written documentation on letterhead for verification (appendix).
- Pay all fines, court fees, probation fees and restitution as ordered by the Judge or as agreed upon by the parties.
- No in-state or out of state travel, regardless of whether it is overnight, if it interferes with required appointments and/or drug tests without VTC Team approval. ([Appendix E](#))

## ★ INCENTIVES AND ACHIEVEMENTS ★

Incentives are positive responses to compliance with the established treatment plan, rules of the VTC, probation, the Judge's orders, and all other conditions or requirements associated with participation in the VTC. Incentives may include, but are not limited to the following:

- Recognition/Verbal praise
- Option to appear virtually for scheduled court reviews
- Nomination as "Veteran of the Week"
- Reduced appearances at court sessions
- Gift cards
- Bus or gas card

## ★ VIOLATIONS AND RESPONSES ★

The Judge will respond to a prohibited or undesirable behavior in a way that is aimed at changing a negative behavior. If you do not follow the program requirements listed above, or any other requirement imposed by the VTC Team, the Judge may respond in the following way(s):

### Court Response

### Treatment Response

Verbal warnings or admonishments	Increase frequency of alcohol and/or drug testing
Increase visits with monitoring agency	Write an essay on a topic identified by the VTC Team
In-person appearances at scheduled court review(s)	Increase attendance at support groups
Increase frequency of court reviews	Request Veteran participant seek higher level of care
Community service	Re-assess individual treatment plan
Jail sanction	
Termination from the VTC	

## ★ DRUG TESTING ★

You will be tested for drugs and alcohol use at random times while in VTC. The frequency/location of testing may vary depending on who your case manager is and your individual needs. The VTC Team will have access to all drug test results, including any failures to test, and may order a drug test at any time. Failure to test or tampering with any drug test will be deemed a positive test. If you miss a drug test, you must report the following business day to re-test. A missed test may reset your sobriety date. If there is a positive test, the VTC Team will review your overall performance in the program and the Judge may impose a sanction. Honesty is the most important part of this program and will be strongly considered by the team. **Being honest and upfront about an issue or relapse is always better than being caught after the fact.**

***Tampering with Drug-Testing:*** Tampering with urine or interfering with drug testing, including but not limited to ingesting substances in an attempt to alter the result, putting something in the urine, providing a sample that is not urine or not from the person being tested is a very serious violation. **A diluted or altered specimen will be considered a positive test.** Tampering offenses may result in termination from the program.

***It is the participant's responsibility to limit exposure to the below list of products. It is the participant's responsibility to read labels or inquire of a pharmacist or assigned case manager before using/consuming the following products. Use of the products detailed below will NOT be allowed as an excuse for a positive drug, breathalyzer or SCRAM test. When in doubt, do not use or consume:***

1. **Cough and Other Liquid Medications:** Alcohol containing cough/cold syrups such as Nyquil. Other cough syrup brands containing ethyl alcohol. All prescription and over-the-counter medications must be reviewed with your case manager before use. Non-alcohol containing cough/cold remedies are readily available at most pharmacies and major retail stores.
2. **Non-Alcoholic Beer/Wine:** Although legally considered non-alcoholic, NA beers (e.g., Sharps, O'Doul's) contain a residual amount of alcohol that may result in a positive test result for alcohol, if consumed.
3. **Food and Other Ingestible Products:** There are numerous other consumable products that contain ethyl alcohol. Flavoring extracts such as vanilla or almond extract, and liquid herbal extracts (such as Ginkgo Biloba), could result in a positive screen for alcohol or its breakdown products. Energy drinks, Communion wine, food cooked with wine and flambé dishes (alcohol poured over a food and ignited such as cherries jubilee, baked Alaska) must be avoided.
4. **Workout Supplements:** Avoid taking workout supplements. Consuming over the counter workout supplements can disguise pre-collection hydration and a diluted urine. Causing an attempt to "mask" dilution efforts.
5. **Mouthwash and Breath Strips:** Most mouthwashes (Listermint, Cepacol, etc.) and other breath cleansing products contain ethyl alcohol. The use of mouthwashes containing ethyl alcohol may produce a positive test result. Non-alcohol breath fresheners are readily available and are an acceptable alternative.
6. **Hygiene Products:** After shaves, colognes, hairsprays, mousse, astringents, bug sprays (Off) and some body washes contain ethyl alcohol. While it is unlikely that limited use of these products would result in a positive test for alcohol, excessive, unnecessary or repeated use of these products could affect test results. Participants must use these products sparingly to avoid reaching detection levels.
7. **Solvents and Lacquers:** Many solvents, lacquers and surface preparation products contain ethyl alcohol. Both excessive inhalation of vapors, and topical exposure to such products, can potentially cause a positive test result for alcohol. Frequency of use and duration of exposure to such products must be kept to a minimum. There are alternatives to nearly any item containing ethyl alcohol. A positive test result will not be excused by reference to use of an alcohol-based solvent. If a participant is employed where contact with such products cannot be avoided, this must be discussed with the case manager.
8. **Poppy Seeds:** It is possible to test positive for opiates after having consumed poppy seeds. Poppy seeds contain trace amounts of opium, which like heroin, is derived from the poppy plant. Research measuring the amount of seeds necessary to produce a positive result is varied. To avoid this issue, participants must avoid consuming poppy seeds.
9. **CBD Oil:** It is possible to test positive for marijuana after using CBD oil/products depending on the purity of the products. To avoid this issue, participants must refrain from using CBD oils and products.

## SECOND HAND MARIJUANA SMOKE

In various studies on passive inhalation, positive results have occurred where individuals were exposed to the smoke of 4-16 marijuana cigarettes in an extremely small, sealed, unventilated area for one hour a day over the course of several days. The conditions were extremely uncomfortable, causing watering of the eyes and irritation to the mucous membrane of the nose and throat. The few positive test results were detected at the 20 ng/ml level which is the most sensitive testing level.

The only study where the results were detectable at the 50 or 100 ng/ml level were a product of hour long exposure in the above sealed conditions to 16 cigarettes over 6 consecutive days. It is highly unlikely that the extreme conditions necessary to produce ANY positive test (even at the lowest 20 ng/ml level) could be encountered in a real-life situation without, at least, the tacit consent of the participant. ***Accordingly, it is the participant's responsibility to remove him/her self from that situation.***

## ★ POSITIVE TESTS ★

**If you know that your test will be positive for substance use, it is YOUR responsibility to inform the testing staff, and your case manager.** If you acknowledge that a sample will be positive prior to testing, it will be considered an honest relapse. **The VTC Team expects that you will be honest. If you lie, it may result in the Judge responding more severely.** The goal of the VTC is to help you achieve total abstinence from illicit or illegal drug use. A positive test will not automatically disqualify you from the program. The VTC Team will review a positive test in the context of your overall performance in the program and may require a treatment response. If the test is positive, you will be asked about substance use. At your request, a positive sample will be sent to the laboratory for confirmation testing. **A diluted sample will be considered positive and may reset your sobriety date.**

## ★ MEDICATIONS ★

You are expected to inform all treating physicians, dentists or providers that you are involved in a treatment court program that requires absolute sobriety. If you have a mental health disorder, or history of addiction, you are also required to inform your provider(s) of this. A physician disclosure form may be required to show you have made your provider aware of your status within a treatment court. ([Appendix B](#)). It is your responsibility to ask for alternative potentially non-addictive, non-narcotic or non-alcoholic medications. When going to the doctor, dentist, Emergency Room/Urgent Care, or provider please make sure to bring the Physician Disclosure Form for the provider to review. If you are prescribed potentially addictive medication, then you must have your physician, dentist, or provider, complete and sign the form. You must sign a release to the physician, dentist, or provider so the treatment team may have communication and ensure alternatives were explored and information about prior substance use or other mental health needs has been disclosed. If you have a history of abusing potential addictive or narcotic medications, there may be additional requirements.



## ★ VETERAN MENTORS ★

An essential part of the VTC is the addition of Mentors. Mentors are part of the support team that encourages, guides and motivates participants to enter and complete timely and appropriate treatment for physical, psychological and substance abuse conditions stemming from military service. The role of the Mentor is to act as a coach, role model, advocate and a support person for the participant. Mentors also understand the roles of the other team members and “fill the gap” to help keep you moving successfully toward completing the program.



## ★ CRITERION FOR SUCCESS IN THE PROGRAM ★

- Participate in all forms of treatment as directed by the VTC Team.
- Interact with a Mentor.
- Attend other treatment services as determined to be necessary by the VTC Team.
- No positive drug/alcohol tests (including missed, tampered or diluted tests).
- No unexcused absences from scheduled services.
- Employment or productive use of time such as community services or school attendance.
- Documentation of required minimum attendance at recovery support meetings.
- Demonstrate a positive adjustment to treatment.
- Have a clear understanding of recovery support/ self-help concepts.
- A definitive aftercare plan may include recovery support/ self-help meetings, outpatient counseling or group attendance at a community treatment provider.
- Fulfillment of goals as stated in the individual treatment plan.

## ★ VETERAN RIGHTS ★

Clients have the right to courteous, dignified and reliable delivery of service. Participation in the VTC is voluntary. Participants will be informed of changes in the program, rules and policies as early as possible. Client participation and feedback in the program are encouraged. Equal treatment and services will be delivered without regard to race, color, sex, sexual orientation, religion, national origin, ancestry or physical disability. All program participants have the right to file a complaint through the grievance process without penalization.

## ★ CONFIDENTIALITY ★

All client records are protected by federal and state laws regarding confidentiality. We cannot release written or verbal information without your written signed consent. However, you cannot participate in VTC without a “Release of Information” which allows the VTC Team to discuss your case and progress. Persons outside the VTC Team will not be provided information about you or your progress without a signed confidentiality agreement. There may be additional emergency or legal circumstances that may require release of information such as:

- The disclosure is allowed by a court order or for an audit.
- The disclosure is made to medical personnel in a medical emergency
- The disclosure is made after a veterans commits or threatens to commit a crime.
- The disclosure is made due to suspected child abuse or elder abuse.
- The disclosure is made after a veteran is threatening suicide or homicide.

**Anything you say concerning new drug use while in the VTC program cannot be used against you in prosecution of this case.** However, your statements and information about your treatment will be shared with the VTC Team and your treatment providers. This information may be used to evaluate your current compliance with the program and to determine appropriate treatment and other services.

You are required to maintain the confidentiality of the other participants at all times. Therefore, do not discuss whom you see in the program, or what they share with anyone. This confidentiality requirement includes not talking about other participants outside with other participants. Due to the seriousness of confidentiality, if you break another participant’s right of confidentiality that may be grounds for termination from the program.

## ★ GRADUATION! ★



Near the successful completion of the individual treatment plan, participants will complete a continuing care or stabilization plan which outlines a plan to maintain sobriety and comply with behavioral and/or medical health regimes after graduation from the VTC.

Upon successful completion of the treatment plan and with the recommendation of the VTC Team, the Judge shall declare the VTC participant a graduate of the program. A graduation ceremony will be held in celebration of the participant completing all of the established guidelines of the VTC.



The VTC is designed to help you live in our community as a productive and responsible citizen. Although the VTC Team will guide and assist you, the responsibility is yours. You must be committed to a better life. Remember the 3 basic rules:

1. Be Honest
2. Be Motivated
3. Show Up



Army



Marine Corps



Navy



Air Force



Space Force



Coast Guard



National Guard

**What is a Grievance?**

Any complaint about a rule, policy, decision, action, or conditions made by the agency, the agency staff, or agency volunteer.

**Who May File a Grievance?**

Any participant of Milwaukee County Veterans Treatment Court, their family, or treatment advocate, OR any person concerned about the welfare of a participant may file a grievance.

**When to File a Grievance:**

It is important to file the grievance within five (5) days of the action.

**How to File a Grievance:**

Write your complaint on a Participant Grievance Form (See Appendix). Include your proposed solution to the problem. Sign the form and return it to the coordinator or case manager. Within ten (10) days after your grievance is received by the entire team, an attempt will be made to contact you and resolve the problem with your participation. You will then receive a response within 10 days from that date.

## Grievance Reporting Form

Name: \_\_\_\_\_ Date \_\_\_\_\_

Contact Number: \_\_\_\_\_ Date of Incident: \_\_\_\_\_

Person(s) involved in incident: \_\_\_\_\_

\_\_\_\_\_

Describe incident or complaint: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

What do you think should have happened?: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Proposed Solutions: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Please return the form to the coordinator or case manager. You will receive a response within ten days of the entire team's receipt.

**Milwaukee County Veterans Treatment Court****Physician Disclosure Form**

Date: \_\_\_\_\_

Participants of the Milwaukee County Veterans Treatment Court are required to notify any medical professional whom they have visited for medical treatment of the following information:

"I am a participant in the Milwaukee County Veterans Treatment Court and I am required to disclose that I have an open criminal case in Milwaukee County and must undergo random drug and alcohol tests to ensure absolute sobriety."

This information should be considered by my medical practitioner in making any medical determinations on my behalf in connection with any prescribed substances. By signing below, the medical professional acknowledges that they have considered any and all non-controlled substances that may be appropriate for my diagnosis and that, if applicable, a **controlled substance** was determined to be the most suitable at this time. If a controlled substance is prescribed, I request the medical professional to provide a list of non-controlled substances that have been considered and/or attempted, either on the back of this form or on a separate sheet attached to this form.

I also request that the medical professional write on my file that I am a participant in the Milwaukee County Veterans Treatment Court program, and sign and date this form acknowledging disclosure of this information. A copy of this form will be provided to my case manager, as well as the parties to my agreement in the Veterans Treatment Court program.

Participant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Medical Professional Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Medical Professional Address: \_\_\_\_\_

Medical Professional Fax #: \_\_\_\_\_

Medical Professional Phone #: \_\_\_\_\_

Medical Professional Email: \_\_\_\_\_

Please contact my case manager if you have any questions.

Case manager name \_\_\_\_\_ Phone number \_\_\_\_\_

**List of other medications explored:**

---

---

---

---

# **Milwaukee County Veteran Treatment Court**

Appendix C 1

## **COMMUNITY/PUBLIC SERVICE/VOLUNTEER VERIFICATION LOG**

**Volunteer's Printed Name:** \_\_\_\_\_

**Total Hours Needed:** \_\_\_\_\_ **On/Before:** \_\_\_\_\_

**Non-Profit Agency:** \_\_\_\_\_

**Address:** \_\_\_\_\_ **City:** \_\_\_\_\_ **Zip Code** \_\_\_\_\_

**Agency Volunteer Contact:** \_\_\_\_\_ **Job Title:** \_\_\_\_\_

**Agency Phone:** (\_\_\_\_\_) \_\_\_\_\_

<b>Date</b>	<b>Time In</b>	<b>Time Out</b>	<b>Total Hours</b>	<b>Brief Activity Description</b>	<b>Supervisor's Signature</b>

I verify that the above referenced information is true and complete.

\_\_\_\_\_

\_\_\_\_\_

**Volunteer's Signature**

**Date**

**Meetings Verification**

**Please have this signed by the chairperson at the meetings and present to the coordinator on your next court appearance.**

**Name:** \_\_\_\_\_

<b>Date</b>	<b>Name of Meeting &amp; Location</b>	<b>Signature of Chairperson and telephone number</b>

**By signing and submitting this form you are attesting to the Veteran's Treatment Court Team that you have attended the groups on this document. Forgery of signatures will result in sanctions.**



**Milwaukee County Veterans Treatment Court Participant****Travel Request Form**

While this agreement is in effect, you may not travel outside the State of Wisconsin overnight without prior approval by the Court. Requests to travel outside the State will be evaluated on a case by case basis. You should not assume that permission to travel out of the State will be granted. Travel within and out of the State, regardless of whether it is overnight, is also subject to Court approval if you plan on missing any required appointments and/or drug tests. Travel out of the country is prohibited while this agreement is in effect. In order for your travel request to be considered for approval, please submit this completed form 14 days prior to your desired travel departure date along with verification to the VTC Coordinator, your attorney or your case monitor. Please note, there is no guarantee your travel request will be approved. You are highly encouraged to defer purchasing any travel tickets or travel accommodations prior to receiving VTC authorization.

VTC Participant's Name (Print): \_\_\_\_\_

Preferred Departure Date: \_\_\_\_\_ Preferred Return Date: \_\_\_\_\_

Travel Destination: \_\_\_\_\_

Method of Travel: (Please check all that apply)

☐ Airplane ☐ Personal Auto ☐ Rented Auto ☐ Coach Bus ☐ Train ☐ Other

Housing Accommodations: (Please check all that apply)

☐ Family ☐ Friends ☐ Hotel/Motel ☐ Other:

Reason for Travel: \_\_\_\_\_

Who will accompany you on this trip?  
\_\_\_\_\_Will you miss any treatment sessions? ☐ Yes ☐ No- If yes, please explain:  
\_\_\_\_\_What is your plan of action for maintaining sobriety while traveling?  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

VTC Participant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## Acknowledgement

I have read and understood the contents of this handbook and will act in accordance with these policies and procedures as a condition of my participation in the Milwaukee County Veterans Treatment Court.

VTC Participant Name: \_\_\_\_\_

VTC Participant Signature: \_\_\_\_\_ Date: \_\_\_\_\_